

**Child Welfare Medicaid Managed Care Advisory Workgroup**

Department of Children and Family Services

WebEx/Telephone

**December 10, 2020 – 4:00pm -5:00pm**

**NOTES**

<b>MEMBERS PRESENT (in person)</b>	<b>MEMBERS PRESENT (via WebEx/Telephone)</b>	<b>MEMBERS ABSENT</b>
N/A	Anika Todd Deb McCarrel (Proxy/ Sarah Daniels) Stacy Short Dr. Rashid Saafir Helena Lefkow (Proxy/ Lia Daniels & Chuck Johnson) Jamie Dornfeld Dr. Shawnte Alexander Keshonna Lones Kristine Herman Jeff Blythe Raul Garza (Proxy/ Carrie Muehlbauer) Trish Fox (Proxy/ Stephanie Barisch)	April Curtis Arrelda Hall Ashley Deckert Carol Sheley Director Eagleson Director Smith Dr. Marjorie Fujara Dr. Michael Naylor Dr. Peter Nierman Gregory Cox Howard Peters Josh Evans Judge Ericka Sanders Julie Hamos Kara Teeple Kathleen Bush Royce Kirkpatrick Ruth Jajko

**I. Welcome and Call to Order**

Kristine Herman with Behavior Health for Healthcare and Family Services introduced herself as the moderator and welcomed the group. She called the meeting to order.

**II. Introductions and Roll Call**

The roll call of members provided that a quorum was not present.

**III. Approval of Minutes**

Due to lack of quorum the group was unable to vote to approve/disapprove of the previous meeting's minutes.

**IV. Update on Implementation**

Kristine Herman: We will first go to DCFS for their update. Jamie Dornfeld, the floor is yours.

Jamie Dornfeld: Things are going well. We are moving out of transition mode and focusing on more complex issues such as system improvements. DCFS is participating in YouthCare's weekly behavioral

health and medical rounds. Our joint resolution team also meets weekly to review cases related to mobile crisis response, hospital discharge planning, service denials and any issues through the Advocacy Office. We are having at least three weekly meetings to discuss cases as needed. We are just over halfway through the continuity of care period. February 28, 2021 is when this period will come to an end and by then we will have a clear understanding of which providers have refused to join the network. After the first of the year we should have a clear understanding of which providers are refusing to join the YouthCare network. We will be able to form plans of how to address those situations. In some cases, finding a different provider may be the best option, while in others leaving the network may be the best option. Overall our goal is that there is no disruption in care following February. We are rolling out a new crisis stabilization multi-disciplinary team that is made up of DCFS, HFS, YouthCare, and community stakeholders to tackle the issue of youth getting stuck in emergency departments while waiting for a psych hospital placement. Earlier this week YouthCare launched the DCFS Youth Enrollee Advisory and Stakeholder Subcommittee to ensure that youth have a voice and can contribute to program improvements.

Kristine Herman: Thank you so much, Jamie. Next, we will go to Dr. Shawnte Alexander. Dr. Alexander, the floor is yours.

Dr. Alexander: As we are moving forward YouthCare is moving from transition and implementation to operations, which for us is very important because we can build relationships with the members. We are excited to get to work with these members to best address their needs. Folks are becoming more familiar with the system and have a better understanding. That will continue to improve over time. As Jamie mentioned we had our first Enrollee stakeholder meeting this week. It's great to hear from the former youth in care. We are taking all that feedback into consideration. We are certainly aware that there are some long-term systematic issues that we need to collectively improve. We are trying to build work together to get creative to give the higher equity cases the level of detail that they need. It is in the early development stages. We will report on that as we move along.

Kristine Herman: Thank you. Keshonna the floor is yours to give an update from HFS's perspective.

Keshonna Lones: We have continued to receive those daily reports. We are continuously monitoring the overall volume of call center reports and rapid response updates to understand what some of the trends are. We also have our ongoing meetings to discuss some of the clinicals with DCFS which has been very helpful. We do have our ongoing operations meetings as well as our weekly meeting with YouthCare. The collaboration has been very helpful. With the continuity of care period we are working closely with YouthCare to analyze the utilization data. We have more data that we are looking at and we are assisting with the larger provider health systems to encourage them to join the network. At our monthly meeting HFS holds with all the health plans, we updated our agenda to make sure we incorporate YouthCare in those meetings. This allows the provider associations to have additional collaboration. We are working to enhance communication to make sure that all stakeholders are engaged. The first kick-off meeting is scheduled for tomorrow. That highlights my updates. Thanks again, Kristine.

Kristine Herman: Thank you Keshonna.

## **V. Public Comment**

Kristine Herman: Any comments or questions from members of the committee or members of the public?

Chuck Johnson: I am with Blessing Hospital in Quincy and I am also with the Illinois Hospital Association Health Forum. We had a recent meeting on the 18<sup>th</sup>. Hospitals that are working with these DCFS kids are having a few concerns. We are having extremely long lengths of stays with kids. I have a child right now that been with us since July and they have a DCFS ward trying to get residential treatment. We used to have a liaison that would come to the hospital and meet with the kids and talk with the kids. She was great. When we couldn't get DCFS caseworkers to return phone calls or talk with the kids she would follow-up on that. When these kids are coming to us, they are essentially being abandoned. They have no contact with their DCFS caseworker. There are no phone calls made to talk with the child and even more concerning is that we have trouble getting returned phone calls from DCFS caseworkers with regards to placement status. I do get weekly calls from Illinois YouthCare asking for status reports on placements. I also share whatever the limited information is that I have. This isn't new and has been going on for some time and it hasn't improved since Illinois YouthCare has come onboard with regards to having better liaison communication regarding these DCFS lockout kids that become DCFS wards.

Kristine Herman: This is a longstanding issue. Thank you for bringing this up. Jamie, can you offer some of the updates from the DCFS perspective and then we can talk about what we are going to do from the YouthCare perspective?

Jamie Dornfeld: Anika, is this something that you would like to address?

Anika Todd: I apologize. I am having technical issues and I had an emergency call come in. I will follow up with you, Jamie, about that concern following this call so that we are able to make sure those issues are addressed.

Chuck Johnson: I think even on a short-term basis one of my concerns is that when these kids are with us for months and no caseworker is calling to ask how they are doing or giving updates, that is very concerning. You wonder why these kids become more aggressive on the unit – it's because they're frustrated. They are seeing other kids come and go.

Anika Todd: You are correct. Thank you for bringing this to our attention. We will get back with you on this.

Chuck Johnson: We will work with you on this. We don't want to bring an issue to the table. We want to work with you to find a solution to improve this situation for these kids.

Dr. Alexander: Thank you for bringing this up. I recognize that these youth are very complicated. YouthCare wants to assist in any way possible. Sometimes that is bringing all these parties together to figure out how we address the needs of these youth. With YouthCare being involved along with checking in with you guys she would be checking in with the caseworker. I am hoping we can see some improvement in there. We have some longstanding issues that we really need to think about how we can get these youth stabilized and hopefully that is some of the CSMBT work will be able to do for some of these youth.

Kristine Herman: Chuck, one of the expectations that we have for YouthCare is to bring more robust staffing and planning for these kids. Caseworkers are not always able to give them the type attention

they need. We will be working through the multi-disciplinary team approach to make sure these kids are getting proper staffing and discharge planning. If there are areas in the state that we have identified that we need more community-based services to keep these kids stable that we have that identified. There is a multi-pronged approach to this complex problem. We appreciate your offer to help and we value your expertise.

Chuck Johnson: One other issue that I would like to bring up is that we are not getting DCFS consents on a timely basis. We are discharging DCFS wards and we cannot set up follow-up appointments because we don't have releases to talk to follow-up providers to set up appointments. Sometimes we don't have releases to talk to foster parents to see if children can go back into foster-care. So, if we could get more timely release of information for the agencies that have been involved with the kids, DCFS, foster parents, schools – so the kids can get education while in hospitalization, and for the follow-up appointments. We need to those releases in 24-48hrs.

Jamie Dornfeld: Thank you for bringing this issue to our attention. These are issues that we must address.

Carrie M.: I think we can bring this to IHA. I know Marylynn wanted to be on the call. We can probably get some data and share it with this group.

Nancy Schwartz: I am wonder what will be done with more hospital beds available and more hospital sites available. This has been an issue for a while. My second question relates to billing being submitted that is being kicked back out for inappropriate billing. We are working with ICOY on that, but I wanted to raise that question.

Kristine Herman: That is one of the reasons we have added YouthCare to the monthly meeting so that the providers are able to come in and troubleshoot those kinds of issues. We will make sure that people are working with ICOY to get that coordinated and to make sure people know how to get information to us for that meeting.

Jamie Dornfeld: The issue about the youth who are stuck in care facilities waiting for a hospital bed that is a big reason why we formed this multi-disciplinary action team. These are the types of issues that we are wanting to address. Thank you.

Kristine Herman: On the multi-disciplinary team we do have hospital representation so that we have our policies and processes laid out properly. I just want to let you know that we do have hospital representation on that as well.

Q: Do you share who the hospital representation is? As we are more engaged in healthcare and hospitals is there a quick reference list of who we can call for high-level or mid-level issues for when we are trying to connect with caseworkers, etc. – Is there a brief list of suggested contacts when you are hitting roadblocks or difficulties?

Dr. Alexander: If you call YouthCare's basic 1-844 number and you are looking for a supervisor of a care coordinator they will absolutely get you somebody to troubleshoot that issue for you. We try to centralize everything to that one number. Our member services will connect you with someone who can resolve that issue with you.

Kristine Herman: Any other questions or concerns? Thank you all for this conversation.

Michelle: I wanted to give a positive feedback that providers are noting that payments and reconciliation for current youth in care is happening very quickly and seems to be a good process. I have a question regarding updates for former youth in care if updates will be given to note if they are with Meridian or YouthCare?

Keshonna Lones: YouthCare and Meridian are distinguished in the provider system. Some former youth in care are umbrellaed into Meridian and we are working to correct that issue. I will continue to bring this up to make sure we are addressing that. If there is a specific example, you may reach out to me.

Dr. Alexander: I want to make sure YouthCare is being proactive. If there is some opportunity where we can troubleshoot and correct an issue, please let us know. I would like to be included in that conversation.

Kristine Herman: Any other questions?

Jamie Dornfeld: I just want to remind everyone of the Ethics and Harassment Prevention Training deadline is approaching. Please watch for an email regarding that.

Kristine Herman: Thank you. For future meetings I think we should look at every other month for meetings as that may help us to reach a quorum. Please watch the website for those meeting dates.

## **VI. VI. Adjournment**

Kristine Herman closed the meeting.